

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16684**
 Registrar's No. **5252**

FILED JUN 14 1948 **318**
 Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **Saint Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Saint Mary's Infirmary**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 days**
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **William Edward Toomer**
 3. (b) If veteran, name was **None**
 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Malvina** 6. (c) Age of husband or wife if alive **23** years
 7. Birth date of deceased **6** (Month) **15** (Day) **1918** (Year)

8. AGE: Years **24** Months **11** Days **18** If less than one day hr. _____ min. _____

9. Birthplace **Cornish, Miss**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Factory, Train**

11. Industry or business **Pullman Company**

12. Name **Flippin Toomer**

13. Birthplace **Unknown Miss**
 (City, town, or county) (State or foreign country)

14. Maiden name **Annie Bell Redden**

15. Birthplace **Rienzi Miss**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Annie Bell Redden**

(b) Address **Washington Square S. Kinloch, Mo.**

17. (a) **Buried** (b) Date thereof **6-8-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Boyd Brothers**

(b) Address **3904 Pinney Ave, St. Louis, Mo.**

19. (a) **JUN 13 1948** (b) **J. J. Anderson**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000 17**
 (a) State **Missouri** (b) County _____
 (c) City or town **Saint Louis** **9 20**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2518 Glasgow**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **3**
 year **1948** hour **12:15 P.M.** minute **00** M.

21. I hereby certify that I attended the deceased from **May 30** 19**48** to **June 3** 19**48**
 that I last saw him alive on **June 3 1948**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Gangrenous appendicitis**
 Due to **1/2/11**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Gangrenous appendix**
 Of operations **No**
 Of autopsy **No**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **J. J. Anderson** (M. D. or other) _____
 Address **522 1/2 1st St.** Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Emory

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.